MEDIATION TRAINER APPLICATION FOR SUPREME COURT CERTIFICATION

Please Print			
NAME :			
ADDRESS :			
			ZIP CODE:
TELEPHONE: ()	FAX: ()		
E MAIL ADDRESS:			
APPLICATION FOR:	PRIMARY TRAINER	ASSISTANT TRA	AINER
TYPE OF COURSE :	CIVIL (Basic 40-hour) CROSSOVER FROM FAMILY TO CIVIL	DOMESTIC (Basic 40-hour)	
	ADVANCED CIVIL	ADVANCED FAM	MILY
	EDUCATION		
DEGREE	YEAR OBTAINED	MAJOI	R AREA
	PROFESSIONAL LICENSES	HELD	
ТҮРЕ	STATE ISSUED	LICENSE NUMBER	CURRENT STATUS
Have you been subject If yes, please explain	ct of any disciplinary action affecting your pro the outcome and current status	ofessional licence(s)?	

Have you been subject to disciplinary action as a mediator in any state?

yes, please explain the outcome	and give the current statu	5	
	MEDIA TION EX	VDED IEN GE	
	MEDIATION EX	RPERIENCE	
. TOTAL NUMBER OF COURT SAN	CTION MEDIATIONS		
. TOTAL NUMBER OF COURT SAN	CTION MEDIATIONS CON	DUCTED WITHIN THE PRE	EVIOUS 12 MONTHS
M	EDIATION TRAINING EX	PERIENCE (optional)	
PROVIDER/LOCATION DATE	ТҮРЕ	**CAPACITY	
*Capacity = e.g. primary trainer, assist	ant trainer, expert**		
	MEDIATION TRAINING R	ECEIVED (optional)	
PROVIDER/LOCATION	TYPI	Е	DATE COMPLETED
are any of the above courses recognizes, please specify the state and of	gnized by any state as app	roved for training court-s	sanctioned mediation?
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I request the Continuing Legal Education Commission share this information with Continuing Legal Education

Providers Yes N	No
I affirm under penalties of perjury the	hat the foregoing is true to the best of my knowledge.
Signature	Date
OFFICE USE ONLY	
DATE RECEIVED BY COMMIS	SSION
Further information ne Refer to meeting	eeded
Approved	Denied

INITIALS

DATE ACKNOWLEGEMENT LETTER SENT